



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

S: 27 October 2000
26 SEP 2000

MCHO-CL-P (40)

MEMORANDUM FOR Commanders, MEDCOM RMCs/MEDCENs/MEDDACs

SUBJECT: Custody and Control of Outpatient Medical Records

1. References:

a. Memorandum, Headquarters, U.S. Army Medical Command, MCHO-CL-P, 10 Mar 2000, subject: Custody and Control of Outpatient Medical Records (Enclosure 1).

b. Memorandum, Assistant Secretary of Defense (Health Affairs), 31 Jan 2000, subject: Custody and Control of Outpatient Medical Records (Enclosure 2).

2. In accordance with references 1a and b, commanders were required to develop a plan to improve the accountability and control of outpatient medical records to substantiate the health care provided in ambulatory settings. There were recommendations provided to accomplish this task based on input from the Triservice Medical Records Working Group.

3. Each medical treatment facility (MTF) commander is to provide an update/progress report regarding the development of his/her plan to improve the accountability and control of their outpatient treatment records. Forward your update/progress report to your regional medical command (RMC). The RMCs will consolidate the updates/progress reports for their MTFs and forward the information to the Patient Administration Division, Office of the Assistant Chief of Staff for Health Policy and Services, U.S. Army Medical Command NLT 27 October 2000.

4. Our point of contact is Ms. Teresa Foley, Directorate of Health Policy and Services, Office of The Surgeon General, DSN 761-3109.

FOR THE COMMANDER:

2 Encls
as

PATRICK D. SCULLEY
Major General
Chief of Staff



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

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MCHO-CL-P (40)

18 MAR 2000

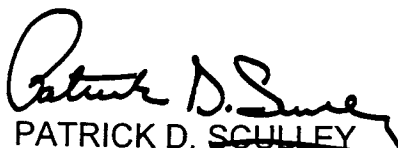
MEMORANDUM FOR COMMANDERS, MEDCOM RMCs/MEDCENs/MEDDACs

SUBJECT: Custody and Control of Outpatient Medical Records

1. Reference memorandum, Assistant Secretary of Defense (Health Affairs), subject: Custody and Control of Outpatient Medical Records, 31 January 2000 (Enclosed).
2. Commanders are to develop a plan to improve the accountability and control of outpatient medical records to substantiate the health care provided in our ambulatory settings.
3. The medical record is the cornerstone for documenting appropriate medical care and for legal and administrative proceedings. To that end, the outpatient medical record must be available and maintained at the military treatment facility (MTF). Several audits and reviews in the last year highlighted a deficiency in locating outpatient medical records. This deficiency hampers our ability to validate workload performed due to lack of supporting documentation.
4. The enclosed memorandum provides recommendations for accomplishing this task based on the input from the Triservice Medical Records Working Group. The recommendations address strong leadership support; marketing/education to commanders, beneficiaries, and MTF staff; operational level strategies that can be implemented; and the use of the Composite Health Care System to track outpatient records. These recommendations can be used in developing your implementation plan to accomplish this task. The expectation is that appropriate documentation will be available to substantiate the health care provided in our ambulatory settings.
5. Our points of contact are COL Larry J. Clark, Chief, Patient Administration Division, Office of the Assistant Chief of Staff for Health Policy and Services, this headquarters, DSN 471-6113, or Mrs. Teresa Foley, Directorate of Health Policy and Services, Office of The Surgeon General, DSN 761-3109.

FOR THE COMMANDER:

Encl
as


PATRICK D. SCULLEY
Major General
Chief of Staff

Encl 1

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

31 JAN 2000

HEALTH AFFAIRS

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Custody and Control of Outpatient Medical Records

As you are aware, the medical record is the property of the Government and its maintenance at the military treatment facility (MTF) is key to appropriate medical care and legal and administrative proceedings. The record must be available for the following reasons: it provides 1) a communication link to healthcare providers for the continuity of patient care; 2) information to healthcare providers for quality assurance, evaluation, and improvement of treatment methods; 3) evidence of treatment and justification for reimbursement claims to third party payers; and 4) legal evidence for patients, physicians, and the facility.

In April 1999, our system was cited by the DoD Inspector General regarding the difficulty of locating outpatient records and the inability to validate workload due to the lack of supporting documentation. Additionally, during the preliminary ambulatory ORYX audits approximately 25 percent of requested outpatient records were located. The consequences associated with the paucity of documentation regarding medical care raises future accreditation questions. In addition to these concerns, we are moving to a reimbursement system based on medical coding, and MTF funding will be affected without the outpatient record and its supporting documentation.

A reasonable expectation is that appropriate medical documentation be available to substantiate the healthcare provided in our ambulatory settings. Attached is a list of recommendations compiled by a Tri-Service Working Group, which your commanders should consider when evaluating current procedures and developing new initiatives for the maintenance of outpatient records.

I appreciate your assistance in assuring our MTFs implement improved custody and control procedures for outpatient medical records.

The point of contact for this action is COL Susan McMarlin, OASD(HA)/TMA (HPA&E), (703) 681-4263.


Dr. Sue Bailey

Attachment:
As stated

Encl 2

**Military Health System Tri-Service Medical Records Working Group
8 January 2000**

SUBJECT: Recommendations for Improving Custody and Control of Medical Records

1. **Strong leadership:** Leader support is needed to provide "top down" directions and support throughout the ambulatory setting. Recommend the MTF Commander, Commanding Officers, Officers in Charge, or the Unit Commander for deployable units:
 - a. Review regulations, which identify the MTF commander as the official custodian of medical records. In some situations, the commander of an operational unit is charged with responsibility for medical records.
 - b. Liaison with line commanders to obtain their support regarding the responsibility of the MTF to maintain its records.
 - c. Publish articles(s) in local Armed Forces publications, emphasizing continuity of patient care as the primary reason for the MTF to maintain outpatient records.
 - d. Provide correspondence (paper or electronic) to all clinic professional and technical staff requesting their assistance to maintain records within the facility.
 - e. Include subject at meetings attended by staff and beneficiaries: examples of meetings include commander's "calls", community town hall meetings, and grand rounds.
 - f. Have local Inspectors General, Internal Audit officers, or other oversight personnel conduct local audits to determine the extent of compliance with regulations including availability of records and documentation of provided medical care.
2. **Marketing/Education:** Higher headquarters including the Offices of the Surgeons General and OASD (HA)/TMA have a role to provide press releases and top-down briefings to line commanders and beneficiary groups regarding the importance of the facilities maintaining their outpatient records. In addition, the MHS Data Quality Home Page shall contain medical records regulations, policies, and guidance as well as links to other home pages.
 - a. The MTF commander should assign an office to work with Public Affairs, either within the MTF or on the installation, to develop a marketing plan.
 - b. The target audience for marketing and educational activities should include patients and the MTF's technical and professional staff.
 - c. Physicians and clerical staff may not be aware of the medical legal rationale for the business practice changes.
 - d. Opportunities for public education regarding custody changes include community briefings, retiree seminars, town hall meetings, and new arrival orientations.
 - e. Samples of flyers and content for newspaper articles may be found on some of the Service's Patient Administration Homepages or can be downloaded from the MHS Data Quality Home Page.
 - f. Information flyers regarding the maintenance of the medical record should be readily available in the outpatient records room.
3. **Operational Level Strategies:** Recommendations are for a closed records system to be implemented to the greatest extent resources can be provided. MTF Commanders have the authority to set policy on exceptions to the "no hand carrying" guidance. Examples of exceptions could include circumstances in which the inconvenience to the patient or break in continuity of care outweighs the record custody concerns. The following operational strategies are recommended for each MTF:

- a. Recommend a qualified person determine whether the clinical business processes in each clinic regarding medical records should be improved.
 - b. Instruct technical and professional staff on the need to establish custody of the medical records.
 - c. Establish a system, which retrieves the medical record from those who hand-carry their records. Every effort should be made to insure patients do not leave with records.
 - d. Patients may request a copy of pertinent sections of their records; however, the original should not be relinquished except in rare occasions when an exception is required. In those cases, appropriate procedures must be followed.
 - e. Establish a system that allows for delivery of records to clinics for scheduled appointments and for walk-ins to avoid patients hand-carrying them.
 - f. If an outpatient record has never been initiated for a patient, a system needs to be established, which is seamless to the patient.
 - g. In overlapping catchment areas, a courier system for transporting records between MTFs would greatly decrease the need for patients carrying them.
 - h. Initiate Tri-Service cooperative agreements for maintaining MTF control and custody in overlapping catchment areas to include transporting records between facilities.
 - i. All loose documents should contain patient identification information to allow for proper filing, to include the name of the MTF where the record is maintained.
 - j. Patients and staff should be aware after two or three years of inactivity (depending on Service policy), the record is retired; and if needed, a new record should be opened.
 - k. Use the automated function in the Composite Health Care System's (CHCS) Medical Record Tracking Module (MRT) to assist in the development and maintenance of closed record systems. Some of the Services have instructions on setting up a closed record system on their Patient Administration Home Pages. Another source includes the MHS Data Quality Home Page under the Medical Records site.
 - l. Copies of records should be made available to patients. In general, there is no charge for copies of medical records; however, if more than one request is received within a reasonable amount of time (subjective determination made by the facility plus Service guidelines), copying charges can be assessed.
 - m. The use of a courier retrieval system that facilitates the return of medical records to the records office should be considered.
 - n. If a temporary record is established because the original is in the patient's possession, ensure the original is retrieved and documents in the temporary record are refiled into the original.
4. **Medical Records Tracking (MRT):** At higher echelons, Service-level Inspectors General will be tasked to include closed record systems in their inspection criteria. The facilities are asked to enforce the following:
- a. Use the CHCS MRT Module in outpatient records room and clinics as a tool to improve the availability of medical records.
 - b. Records personnel pull outpatient record 1 or 2 days in advance of the patient's appointment and deliver to the clinic. The record is logged out to the clinic.
 - c. Clinic personnel are responsible for logging in each outpatient record and retaining it after the appointment. Record personnel picks up the records at the end of the day.
 - d. Clinics, which do not return a record within 5 working days are put on the delinquent list. A list of records, which are 30-days delinquent, should be forwarded to the Medical Records Committee or higher authority for resolution.
 - e. Records personnel should provide a copy of pertinent health documentation to patients who have civilian appointments; originals are not given to the patient.